

471-000-74 Transportation Provider Requirements

This section contains instructions for completing Form MILTC-1858 "Nebraska Public Service Commission - Nebraska Department of Health and Human Services Transportation Provider Self-Certification," and the Public Service Commission requirements for transportation providers.

I. INSTRUCTIONS FOR COMPLETING FORM DSS-1858 "NEBRASKA PUBLIC SERVICE COMMISSION - NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES TRANSPORTATION PROVIDER SELF-CERTIFICATION"

Use: Form MILTC-1858 is used by the worker the first time an individual provider is approved, to update information, or to suspend an individual provider (e.g., change of address). Form MILTC-1858 is also used by the worker to ensure exempt providers (e.g., escorts, Family Support Workers, Child Care Providers, Handi-vans) meet minimum standards. (For these exempt providers, a copy of Form MILTC-1858 is not sent to the Nebraska Public Service Commission.)

Completion: Form MILTC-1858 is completed by the transportation service provider the first time s/he or his/her agency is approved.

The worker shall write Attachment "A" in the upper left hand corner of Form MILTC-1858. Form MILTC-1858 should be attached to the current Form MILTC-9, "Service Provider Agreement".

Provider Identification:

The provider enters his/her or agency name, Social Security or FID number, address, and telephone number as indicated. The worker enters the name of the local office and telephone number.

Section I "Driver Standards"; Section II "Insurance Requirements"; and Section III "Vehicle Standards."

The provider checks "Yes" or "No" after each standard indicating whether s/he or agency does and will continue to meet each standard. If the provider checks "No" after any of the standards, the Department may not approve/contract with the provider.

Section IV "Signature and Date"

The provider signs and dates Form MILTC-1858 certifying that s/he or agency does and will continue to meet these standards while providing transportation services.

Suspension:

This section is used whenever an individual provider is in violation of a Public Service Commission provider standard or his/her contract with HHS is being terminated due to noncompliance.

The worker must notify the Nebraska Public Service Commission any time an individual provider is in violation of the provider standards. This is done by the worker entering his/her name and the date and reason for suspension in the upper right hand corner and sending a copy of Form MILTC-1858 to the Nebraska Public Service Commission.

Note: Nebraska Public Service Commission does not need to be notified when an HHS transportation provider contract ends for a reason other than noncompliance.

The Nebraska Public Service Commission will route a copy of Form MILTC-1858 to the local office whenever it identifies that a provider is found to be in violation of the provider standards.

The worker must terminate the provider service agreement any time the provider is found in violation of the standards. Once the provider has met all the standards the worker shall have the provider complete a new Form MILTC-1858 and a new Form MILTC-9.

Address Change: The provider completes a new Form MILTC-1858 anytime s/he changes addresses. The worker indicates at the top of Form MILTC-1858, "Address Change," before forwarding a copy to the Public Service Commission.

Distribution: Form MILTC-1858 is an NCR form with three copies distributed as follows:

Approved/Contracted Individual Providers:

1. White copy is sent to the Nebraska Public Service Commission;
2. Yellow copy is retained in the provider's file at the local office; and
3. Pink copy is given to the provider.

Approved/Contracted Exempt Providers:

1. White and Yellow copies are retained in the provider's file at the local office; and
2. Pink copy is given to the provider.

Non-Approved/Non Contracted Provider:

1. White and yellow copies are retained in the provider's file at the local office; and
2. Pink copy is given to the provider.

Retention: The yellow copy of Form MILTC-1858 is retained in the provider's file for four years after the provider file is closed.

Nebraska Public Service Commission

300 The Atrium, 1200 N Street
P.O. Box 94927, Lincoln, NE 68509-4927
402-471-3101, Fax: 471-0254

Suspension Date:
By:
Reason:

Nebraska Department of Health and Human Services Transportation Provider Self-Certification

Provider Name:	Social Security Number:
Address and Phone Number:	HHS Office and Phone Number:

Section I: Driver Standards

The undersigned certifies that I:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Will personally drive the vehicle used to transport HHS clients | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Am age 19 or older | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Possess a current and valid driver's license issued by the State of | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have knowledge of Nebraska's state and local traffic rules and Rules of the Road | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have no more than three points assigned against my driver's license (commonly termed as losing points) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Will not smoke while transporting passengers unless I have their permission | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Am competent to conduct transportation services carefully and dependably | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Am free of addiction to the use of narcotics or habit-forming drugs | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Will refrain from excessive use of alcoholic beverages or liquors | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Am of sound physical and mental condition | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have no mental, nervous, organic, or functional diseases or limitations that will interfere with safe driving | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Will not provide transportation if I have a communicable disease which may pose a threat to the health and well-being of my passengers | <input type="checkbox"/> | <input type="checkbox"/> |

Section II: Insurance Requirements

The undersigned certifies that I will maintain the minimum automobile liability and medical insurance coverage as required by the Nebraska state law.

Section III: Vehicle Standards

The undersigned certifies that my vehicle is:

- | | | |
|---|--------------------------|--------------------------|
| 1. Currently licensed and registered in the State of | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Kept at all times in proper physical and mechanical condition | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Equipped with operable seat belts, turn signals, lights and horn | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Equipped with proper child passenger restraint devices as required by law when transporting children | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Equipped to provide comfortable temperature and ventilation conditions | <input type="checkbox"/> | <input type="checkbox"/> |

Section IV: Signature and Date

I have read and understand the above-enumerated standards. I certify that I will meet the standards listed above while providing transportation services as a volunteer provider for the Nebraska Department of Health and Human Services as provided for under Neb. Rev. Stat. Section 75-303.01-02. I further understand that my right to provide such transportation service may be suspended at any time if I am found in violation of any one of the above-enumerated standards or sections.

Signature

Date

II. PUBLIC SERVICE COMMISSION REQUIREMENTS: From Title 291, Nebraska Public Service Commission, Chapter 3, Motor Carrier Rules and Regulations.

Department of Health and Human Services Transportation Providers: A Department of Health and Human Services (hereinafter referred to as "Department") contractor who is not certificated or otherwise exempt, providing transportation for Department clients must certify on a form provided by the Commission that they meet the minimum driver standards, insurance requirements, and equipment standards prescribed by the Commission.

Driver Requirements: A Department transportation provider must certify that:

1. The person is the individual who will personally drive the vehicle in question.
2. The person is at least 19 years of age or an emancipated minor.
3. The person possesses a current driver's license issued by any state.
4. The person has knowledge of Nebraska state and local traffic rules and rules of the road as prescribed in Chapter 39, Article 6, R.R.S. 1943.
5. The person has no more than three points assigned against their driver's license.
6. The person will not smoke while transporting passengers, except with their permission.
7. The person is competent to conduct the service carefully and dependably.
8. The person has no addiction to the use of narcotics or habit-forming drugs, nor the excessive use of alcoholic beverages or liquors.
9. The person is of sound physical and mental condition, with no mental, nervous, organic, or functional disease or limitation likely to interfere with safe driving, or communicable disease which may pose a threat to the health and well-being of the passengers.

Insurance Requirements: A Department transportation provider must maintain the minimum automobile liability and medical insurance coverage as required by state law.

Equipment Standards: A Department transportation provider must certify that:

1. The person has current plates and registration in Nebraska or another state.
2. The person will ensure that each vehicle shall, at all times, be kept in proper physical and mechanical condition so as to provide safe and comfortable service, including, but not limited to, operable seat belts, turn signals, lights, and horn; child passenger restraint devices as required by law; and comfortable temperature and ventilation conditions.

Self-Certification: All such self-certification filings shall be made with the Commission and filed for record and be available for public inspection during the regular business hours of the Commission. Such filings shall be continuous in nature unless cancelled by the Department.

Vehicles "Out of Service": If a driver or vehicle is found to be in violation of any of the requirements and standards enumerated above, the vehicle may be ordered out of service for deficiency correction by any person duly authorized by the Commission to so act; and the vehicle shall not resume operation until the deficiency is corrected. Any deficiencies found in the driver's qualifications or equipment shall be immediately referred to the attention of the Department for further disposition.

Service Determination: The Commission shall, upon application of any certificated motor carrier or the Department, hear any dispute between the same with regard to the contested ability of the motor carrier to provide a specific service in a given case. The parties may agree to an informal conference between the carrier, Department, and the Commission's Transportation Department to facilitate a mutually agreeable resolution. If the parties cannot come to an agreement, either party may file a formal complaint with the Commission in the manner provided by law.